

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

09/857600

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		2				
5		8				
6		8				
7		8				
8	1					
9		1				
10		2				
11		8				
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44	1					
45	1					
46						
47						
48						
49						
50						
TOTAL	70	↓	↓	↓	↓	↓
TOTAL	70	↓	↓	↓	↓	↓
TOTAL	12	↓	↓	↓	↓	↓
INDS						

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL		↓	↓	↓	↓	↓
IND.		↓	↓	↓	↓	↓
TOTAL		↓	↓	↓	↓	↓
DEP.		↓	↓	↓	↓	↓
TOTAL						
CLAIMS						